

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LIBERTY AND LEADERSHIP FUND			FEC IDENTIFICATION NUMBER ▼ C C00554782		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">03 / 28 / 2014</div>		
Mailing Address 600 Fairmount Avenue Suite 306			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">84600.00</div>		
City State Zip Code Towson MD 21286		Transaction ID : SE.4181 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">03 / 26 / 2014</div>			
Purpose of Expenditure Television Advertisement		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate CURTIS J CLAWSON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">117578.91</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
City State Zip Code		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			
Purpose of Expenditure		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;">84600.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;">84600.00</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>William Stafford Jones</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">03 / 29 / 2014</div>		